

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000003477

1. Entity Name  
CALLENDER ENTERPRISES, LLC

FILED

01 JAN 16 PM 2:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
6415 RUBIA CIRCLE  
APOLLO BEACH FL 33572

Mailing Address  
6415 RUBIA CIRCLE  
APOLLO BEACH FL 33572

2. Principal Place of Business  
1509 Del Webb Blvd West  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
Sun City Center, FL  
Zip 33573 Country USA

4. FEI Number ☒ Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

## 6. Name and Address of Current Registered Agent

CALLENDER, EDWARD DAVID  
6415 RUBIA CIRCLE  
APOLLO BEACH FL 33572  
1509 Del Webb Blvd West  
Sun City Center, FL 33573

## 7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE E. D. Callender (1/10/01)  
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State

700003567907--8  
-01/23/01--01074--008  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

## 9. MANAGING MEMBERS/MEMBERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CALLENDER, EDWARD DAVID 6415 RUBIA CIRCLE APOLLO BEACH FL 33572	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CALLENDER, EDWARD DAVID TRUSTEE 6415 RUBIA CIRCLE APOLLO BEACH FL 33572	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

## 10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	1509 Del Webb Blvd West Sun City Center FL 33573	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: E. D. Callender (1/10/01)  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)